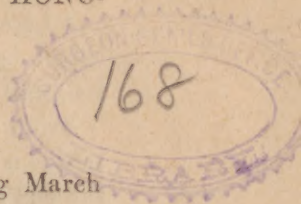


REPORT OF DR. G. L. FITCH, MEDICAL SUPERINTENDENT OF THE BRANCH HOSPITAL AT KAKAAKO AND RESIDENT PHYSICIAN OF HONOLULU.

TO THE BOARD OF HEALTH,  
Gentlemen:



I herewith submit my report for the quarter ending March 31st, 1882.

Total number of new cases applying at the Dispensary	
for treatment,.....	4,055
Number of Prescriptions,.....	13,539
Visits to Patients at their homes,.....	388

DISEASES TREATED.

Syphilis, .....	2,748
Leprosy, .....	508
Coughs and colds, .....	137
Gonorrhœa, .....	51
Asthma, .....	61
Ballance miscellaneous.	

EXPENSES.

Drugs,.....	\$2,041.02
Instruments, apparatus and sundries,.....	348.00
Salaries, .....	594.00
Labels, blank books, stationery, etc.,.....	70.10
Carpenter work,.....	16.15
 Total,.....	 \$3,069.30

For the last ten weeks of the quarter the numbers applying each week has aggregated 1,100, and the last week it reached 1,300. Monday, March 27, the number was 323.

Now for one man to properly attend to any such number is simply impossible. I have done the best I could, hoping to

get assistance when the Legislative Assembly meets, but in the mean time much suffering exists, which I cannot attend to. When Mr. Carter put me in charge of the Dispensary and Leper Hospital, he told me he wished me to act as medical adviser of the Board. In compliance with such request I submit the following remarks:

From such inquiries as I have made among lepers and intelligent natives from different parts of the group, I believe the 508 cases who have applied for treatment during this quarter and those last quarter, comprise a majority of those at large now in the Kingdom. Including the number at Kalawao, (about 700) and the 92 now in the Leper Hospital here, and I think I am safe in putting the entire number at not to exceed 1,600 cases in the Kingdom. Many of these are extremely light, a sport of anaesthesia, or a few tubercles, the general health in no way being greatly disturbed.

The disease, however, is every where among us, members of the police, the soldiers, the band boys, pastors of churches, teachers, students, are all among the sufferers. (Of course it will be understood I refer only to natives.)

That 508 cases should apply for treatment in a single quarter shows that the endeavor to enforce the law of segregation as it has been carried on here for years, has been a most complete failure, and considering the kindly, loving nature of the native race, and the heartless manner in which sufferers have been treated, the only wonder is that as many cases have been sent to Kalawao as are there now.

As my opinions in regard to Leprosy have been made a matter of public comment, I desire to here make known my views as far as they may concern the public at large. Leprosy is the fourth stage of syphilis, a stage that white men are exempt from in a vast majority of cases.

*First*—By reason of hereditary immunity, on this subject Jonathan Hutchinson of London says:



Dr. J. S. Billings

Dear Sir

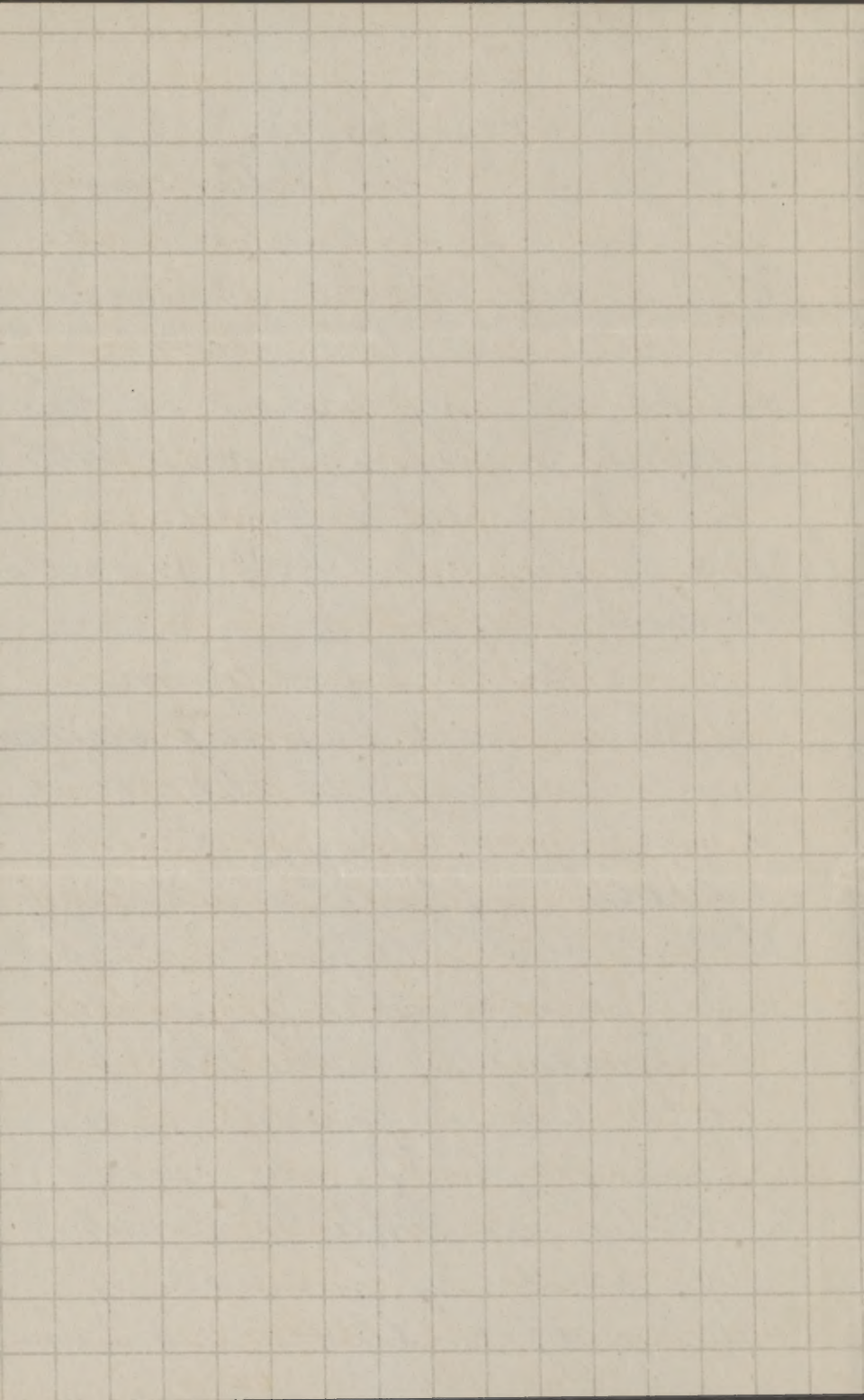
Your letter came  
to hand last night and  
the mail leaves at once.

I send you two more  
copies of my report as you  
desire. I hope to contribute  
an article on Leprosy to  
one of the medical journals  
within a year.

I think I can prove  
Syphilis and Leprosy identical  
and as I have treated some  
nine thousand of these  
natives fifteen hundred of  
them being lepers. I have  
had considerable experience

Enclosed with this I  
will send you a few  
photographs of my cases.

After a little I want  
to send a number of  
microscopic slides but I am



so busy. I can't get time to  
prepare them yet.

Would a skeleton of  
a leper showing the loss  
of the phalanges be of  
interest there and how could  
I get it to you.

Your reports would be  
of value here if you have  
any to spare.

Capt. Dutton is in  
Hawaii I heard he had  
been up Mauna Loa  
about 13000 ft. high. It is  
in active operation now.

If you could only send  
one of those men you  
mention here. My whole  
thought is to resolve this  
problem. help would be  
extremely welcome.

Yours Truly,  
Geo L. Sitch

Honolulu July 31<sup>st</sup> 1882.  
over



P.S.

These photographs are taken by the Hospital steward. It is the best we can do.

Those which are together are of the same person.



"If we grant as we must the two postulates, first that syphilis is transmissible to offspring and second that it is protective for a certain time against second contagion, then we are obliged to admit that just as the disease itself may be transmitted, so may the immunity which it affords. \* \* \*

The manner in which a slight degree of inherited immunity would become manifested, would probably not be an entire escape from contagion, but in the production of a much milder form of the disease. This is what occurs in cases of small-pox after vaccination or after a previous attack of the true disease, and indeed in second attacks of any of the specific fevers. It is surely impossible to believe that the constitution of a person who has passed through the stages of any of these diseases ever again returns into precisely the same condition in relation to the virus in question that it occupied before and it is equally inconceivable, but that some share of this peculiarity shall be transmitted to offspring. A child born of parents neither of whom are liable to small-pox or syphilis as the case may be, must be in a different position as regards these diseases from the child of parents both of whom are liable.

In like manner a half result ought to be expected where one parent is exempt and the other liable.

Now it is a matter of well proven observation that any specific disease will be especially severe when imported into a community previously free from it.

The ravages of small-pox in a virgin race are something far beyond what is ever known in a community long accustomed to the disease. These are also good reasons for believing that syphilis has become during the last two centuries a milder disease than it was when it first invaded Europe. This amelioration we may most satisfactorily explain by recourse to the hypothesis above suggested."



*Second:* By reason that medical science has advanced to such a stage that while we cannot kill the disease syphilis, we can most heartily scotch it.

Now let us look at some of the facts as they are presented to us in these Islands:

*First:* During the forty years, or thereabouts, that Leprosy has existed here, less than twenty cases all told have ever appeared among the whites. Two or three children, one young woman, a dozen or fifteen men; and yet how much doubt is there that a large number of white men have contracted syphilis from these native women. These cases of syphilis have not run into the fourth stage, or Leprosy, simply by reason of hereditary immunity and the services of physicians, most strongly the first reason. The children who have had it are commonly believed to have contracted it along with vaccine virus used in vaccinating. Men who have had it have contracted it the natural way and have simply received a just recompense and reward for their licentiousness. In these few cases, those unprotected by hereditary immunity, the disease has run on into the stage known as Leprosy. On this same point Van Buren and Keyes say: "Syphilis is no longer the terrible scourge in proved itself in the fifteenth century." Bumstead tell us that during the fifteenth century "Syphilis rapidly extended in the course of a few years over the greater part of Europe and invaded every rank of society." A poet of the time wrote "Il n' espargnoit ne couronne ne crosse," one of the Popes of Rome is said to have died with it. During this same period of time there were one hundred and twelve great Leprosy Hospitals in England alone, and two thousand in France. The last Leprosy Hospital in England being closed about A. D. 1670, or after the community were so thoroughly protected by hereditary immunity as to be no longer capable of having the disease run on into the fourth or stage of Leprosy.

While this is neither the time or place to enter fully into the reasons which induce me to believe Leprosy and Syphilis as existing here identical, still some of the most patent facts connected with this matter many not inappropriately be mentioned.

*First*—Syphilis was introduced here about one hundred years ago. Sixty years afterwards Leprosy appeared, or as soon as syphilis had a chance to fairly permeate the community, which among a people as licentious as these, was shortly accomplished.

*Second*—I defy any one to produce a single case of Leprosy in which Syphilis inherited or acquired has not been antecedent. Dr. Hoffmann who some years ago examined 700 cases for commitment to the Leper Settlement at Kalawao, assures me that he could satisfy himself of antecedent Syphilis in all but some six cases at most. The six he could not establish one way or the other.

Among the ninety patients at the Leper Hospital here now, Syphilis can be plainly shown in all but one case; that one we can get no history of one way or the other.

In fact in every case I ever saw, in which I have taken pains to enquire and could find out the antecedents, Syphilis as a antecedent has been found.

*Third*—In a large number of cases presenting themselves at the Dispensary, I am utterly unable to distinguish between the two diseases if there be a distinction. In fact there is no distinguishing line between the two. The same sore throat, the same deep seated pains, the same copper colored tubercles and sores, the diseases of the bones, necrosis and sloughing common to both, the cracked and fissured tongue, the local indurations of cellular tissue and the anæsthesia or want of feeling.

Upon this last point I want to quote two authorities, both universally and favorably known.



Says Erasmus Wilson: "In a word *anaesthesia* is the diagnostic character as well of tubercular as of anæsthetic Elephantiasis.—(He uses this word synonymously with Leprosy)—the difference being one of degree only."

Van Buren and Keyes say: "Recently Fournier has noted as a concomitant symptoms of the earlier secondary period of Syphilis certain aberrations of cutaneous sensibility such as loss of ordinary cutaneous sensitiveness (*anaesthesia*) inability to appreciate the sensations of heat and cold and complete insensitiveness to pain (*analgesia*) these either general or more commonly confined to limited areas of skin notably the extremities, the back of the hand over the wrist is a favorite location \* \* \* Fourniers observations include over a hundred cases."

Now we find so great an authority as Erasmus Wilson laying down the rule that localised spots of anæsthesia are distinctive of Leprosy, and yet Fournier equally as great authority declares he has seen this same distinctive symptoms in over a hundred cases of syphilis.

I am awrre that anæsthesia due to hysteria may occur: but localised sports except as kue to Syphilis or Leprosy are very rare.

*Fourth*—The only treatment that does any good in Syphilis is the only thing that does good in Leprosy and vice versa.

*Fifth*—Both are alike incurable and both alike amenable to treatment. Let me quote from authorities.

Gross says: "The prognosis of tertiary Syphilis is always grave, whatever form it assume it is extremely difficult to dislodge it from the system or to effect a radical cure. Relapses are of constant occurrence from the most trivial exposure or the least disorder of the digestive organs, and few patients however skillfully they may have been treated are afterwards ever entirely free from rhumatic pains, proneness to cold and stiffness of the joinis. In fact although recovery







undoubtedly does take place yet in most cases, the constitution remains in an enfeebled and crippled condition, remarkably subject to attacks of other diseases."

Van Buren and Keyes say on this point: "Syphilis once acquired stamps its impress upon the individuality of the patient and becomes a part of him, and no power on earth in a given case can say when that impress disappear. A half century may pass away and the trail of the serpent be still visible. This is a fact and as such must be recognised. It is of vast practical importance, and to shut our eyes to it would be folly.'

And what these authorities on this point say is not only the received opinion of the entire medical world, but Omnipotence himself has declared that. "I will visit the sins of the fathers upon the children unto the third and fourth generations."

Now if upon the disease as existing in the tertiary stage we find so clear opinions that a radical cure is impossible, what can we expect in the fourth stage or Leprosy.

And yet while authorities all agree that the disease is incurable, all equally agree that its honors may be greatly mitigated in a large proportion of cases.

Van Buren and Keyes say, "Yet in some of these cases, tertiary symptoms have been present when the second chancre was acquired, but this again only coincides with the evidence furnished by clinical observation, namely that the virulence of Syphilis disappears in the late tertiary period, that during this period, neither the blood nor the pathological secretions will infect a healthy subject with the disease, and that such patients may be the parents of perfectly healthy children who never manifest the faintest symptoms of Syphilitic poisoning."

*Sixth*—Over and again I have seen parents with syphilis and their children with Leprosy, some too young to have the disease unless by hereditary, and on the other hand Leprous



parents begetting plainly marked syphilitic children and in some cases healthy children.

These are a few and only a few of my reasons for believing these diseases identical. To go more fully into the subject here, is, I believe unnecessary.

But let us turn from disputed points to one where I think I am justified in saying medical men here all agree, namely: A person with syphilis presents a most favorable field for Leprosy to work upon.

Now if this be true and the statement made at a recent meeting of physicians by one of the oldest and most favorably known of the medical fraternity of Honolulu also be true, namely that four-fifths of the native population of the Islands are infected with Syphilis.—I believe this statement too mild.—What is the duty of the Government in the premises? Let us couple the two facts. For all practical purposes, every native of this group has syphilis and all are ignorant of the laws of health and hygiene and ignorant of the value of medicine to effect relief.

Now Gentlemen, what are you as conservators of the public health going to do in the premises. Are you contented to do as your predecessors have done calmly fold your hands and watch the death agony of this race, dying in the midst of plenty, suffering, groaning, despairing fading away with a disease introduced here by white men, a disease unknown to them before white men came here. Are you contented to still aver that the natives won't go to white physicians, but prefer the services of the ignorant fraudulent kahuna. A statement so clearly disproved by the eager crowds who daily flock to the Dispensary; or are you rather going to be up and doing and with earnest endeavor try to do what this race in the name of a common humanity have a right to demand.

The disease which is making such inroads here is not doing its work in the dark. The remedy is as plain as the disease.

This thing can only be met by earnest work. Every medical field occupied by the Government must be filled by men when "Count not their lives dear unto them," but are ever ready to be up and doing making the question whether they are to be paid for each individual service a secondary consideration.

Now let us consider the possibilities with regard to cure in Lebrosoy.

*First*—Let us define what is meant by cure. If cure means that tubercles can be dispersed that anæsthesia disappear leaving no trace of either; that crooked and distorted fingers can be made straight, that racking pain leave the body and the patients be made to look the picture of vigorous health, no vestige of the disease remaining, or at least so little that no physician examining would for a moment think of pronounciag the person a Leper. Then I am ready to declare that Leprosy can be cured and to declare further that I have cured a considerable number of cases. Time and again I have seen fingers which were contracted firmly into the palm of the hand, straighten out anæsthetic and discolored patches of large extent disappear and tubercles also, leaving the skin soft and supple and of natural sensibility. But I do not so understand the word cure. If after the lapse of years these cases so *improved*, continue in health and strength with no signs of returning disease and finally die of old age without manifesting any signs of the disease; then and not until then shall I believe this thing can be cured.

But while expressing my own convictions let us see what others say on this subject. Wilson says, speaking of the results obtained by Dr. Marshall of Bombay. "Of two hundred pattients treated on this plan more than one-third were cured and the greater number of the remainder much benefited."

Danielson, in a communication to this Government some

months ago, avers that he cure one-third of the cases coming to him in the earlier stages of the disease.

I am using the means he recommends and the results are wonderfull.

Now having considered the medical side of this subject let us turn to the administrative. For some years past it has been the law of the land that all persons declared Lepers, by the word of oue man, were to be sent to the Leper Settlement of Kalawao. This was supposed to be done without distinction of person or rank.

Once declared a Leper the person is civilly dead, incapable of sueing or being sued, divorced from wife, seperated from family, the mother torn from her nursing babe, children of a tender age taken from their parents, and all hurried off to a living tomb.

And this for what ? If this disease were fully proven to be contagious, matters would stanp on a different basis; but with the report of the Committee sent out to India some years ago, declaring the disease not contagious, and still further, with Danielson declaring enforced isolation a relic of barbarism, it certainly seems to me that while enforcing the law of segregation; every care should be taken to soften and ameliorate the condition of these poor sufferers.

Yet what are the facts ? Criminals have far more consideration shown them. The greatest scoundrel who walks has the privilege of trial by jury, with a lawyer to defend him and a Judge to see that a fair and impartial trial is had.

But woe betide the unfortunate sick person, if upon the dictum of one man and he not infallible, he the sick one be unfortunate enough to be declared a Leper. No hope: No appeal. Without five minutes warning, off they go. To what ? To a comfortable home where care and skill and medical attention may at least relieve some of the horrors of this awful affliction. Far from it. The Report of the Board







of Health to the Legislative Assembly of 1876 shows the bill for drugs for two years to have been *forty dollars*, and again in 1878 there was according to the Report, *three hundred and twenty-seven dollars and ninety-five cents*.

During these four years the average number of patients at Kalawao was about seven hundred. In other words, the total expenditure of the Government for medicines and medical stores for these poor people amounted to just about *one cent per month* for each patient. Yet with these facts standing out plainly on the face of their own official reports, successive administrations have not hesitated to assert that everything was being done for these people that could be reasonably expected or thought of.

Again in the Report of the Committee sent up to investigate the Leper Settlement by a late Legislature, I find it set down, that for eleven out of twelve years, no Physician had been provided for the place.

Still further, the Sheriff of one of the other Islands said, that in the discharge of his duty he had been obliged to take children less than five years of age out of their mothers arms and send them where their friends might never hear from them again, unless by accident, to be cared for by strangers, themselves sufferers, to send them to that noisome lazar house over whose rock girt boundaries may well be hung the awful words. "Farewell to hope all ye who enter here."

Now lest it be said I am drawing upon imagination for these statements I want to use the very words of a communication, written some years ago and published in the "Pacific Commercial Advertiser." Said article was by our respected fellow citizen now Assistant Attorney-General of the Kingdom, W. O. Smith, Esq.

"MR. EDITOR:—The manner in which the Board of Health had Lepers removed from this Island last week demands public comment.



About thirty four persons, supposed to have Leprosy were taken summarily from their homes in the District of Wailuku and vicinity on Friday, by the police authorities, and the next morning were taken to Maalaea Bay, as they were informed and believed, to be examined by Dr. McKibbin. The Minister of the Interior and Dr. McKibbin landed from the steamer *Likelike* and after a brief examination thirty of the thirty-four were ordered into the boats, and taken on board the *Likelike* and were taken directly to the Leper Settlement at Molokai that day.

Of these thirty persons, some were mothers taken from their families of little children, some were husbands and fathers and some were children. None of them had been previously examined, and owing to the want of time for preparation, and the deception used, some of them were utterly unprepared to go, not even having their necessary clothing, and not one of them had time to arrange this affairs.

And now in the few moments examination of one physician these people are practically doomed to death.

Mr. Editor, I denounce the action of the Board of Health in this case as outrageous, cruel and most impolitic, and from the feeling which has been openly manifested by natives and foreigners, I am led to believe that a repetition of such action would be met with violent resistance. \* \* \* There should be a system of registering the names of all supposed to have the disease, that they should then be subjected to treatment, that no one should be sent to Molokai as incurable except on the decision of not less than three physicians. All of these conditions are based on sound principles, and with the welfare of the country in view, and I have no hesitation in asserting that every intelligent person in the Kingdom who is familiar with the subject will endorse these principles.

But in the action of the Board of Health here last week, every one of these principles have been disregarded. \* \*



Not only my own judgment and sense of right have prompted this expression, but some of the residents of Wailuku have urged me to it as Representative for this District."

WILLIAM O. SMITH.

WAILUKU, Mani, Oct. 5, 1878."

This letter was published and to this day remains unanswered and unrefuted, so the statement therein contained may be considered correct. In fact, of my own knowledge, I can testify to very similar occurrences and, as in this case, these acts were done in under the eyes and by the consent of the Minister of the Interior and the examiner in chief of Leprosy, no statement that such things were done by some subordinate can be made. That such acts of brutal barbarity have been done under former administrations and have been suffered to pass unnoticed except in this one instance, may serve to illustrate better than words of mine can the well-merited horror which natives have towards Kalawao. Let matters be reversed and the wife of some prominent white man be taken by this summary process and such a howl would go up as would make the high vault of heaven ring with execrations.

It follows as a necessary sequel, if my views in regard to Leprosy are correct, that Leprosy is not infectious or contagious, as it is a well-known fact that Syphilis is not in any manner communicable *as Syphilis*, after the secondary period. This matter should be fully investigated. Condemned criminals should be given the choice of inoculation with the blood and matter from Leprous patients or execution as preferred by them. That such a chance as has been presented for many years for scientific investigation in regard to this matter has been entirely unimproved by medical men who have had charge and direction of medical affairs in this community; that science has been made no whit the richer as a result of their labors; is one of those things that may be explained in



eternity but cannot be in time, unless it be that their minds were too dull to grasp the wonders going on around them. That this race is now going through a change, such as Europe went through some centuries ago, by which that part of the world is now protected by hereditary immunity from the worst results of Syphilis, I have no doubt. That they can be so generally sufferers from this disorder and still retain superb the physiques which so large a proportion of them still have, proves conclusively that there still remains an immense amount of latent vigor in the race. This brings us to the consideration of the reason why this disorder has been allowed to run on unchecked and uncontrolled.

Reason number one is undoubtedly their uncontrolled licentiousness. They have got to learn the lesson that this thing is *certain, sure and inevitable death* to themselves and offspring and race, and the sooner they right-about-face the better their chance.

Reason no two, and a strong reason, is the dislike of the native to apply to Government physicians for advice and treatment. His great fear that he would be pronounced a Leper and hurried off to Kalawao has been partly the cause and unfortunately in to many instances the Physicians employed by the Board have been gentlemen too much engrossed in raising sugar or gentlemen of elegant leisure to such an extent that if a native applied for treatment without a liberal fee in his hand, his wants were very poorly attended to. Now to a people just emerging from barbarism hardly conscious of their own necessities, with faint ideas of the value of medical treatment, such work as this is simply nothing but a ghastly mockery. Your Honorable Board should in my opinion forbid a Government doctor to charge a native for medical service, and every doctor should be required to visit all portions of his district every week and attend faithfully, every case presenting itself





for treatment. To simply put a Doctor into a field and pay him a salary and receive nothing in return, may suit a man who wants his time to himself and a salary thrown in, but it is extremely unjust to both people and Government.

By no people in the world is a kindly care for their welfare and courteous treatment more appreciated than these and they will not go to a Physician whom they don't like and respect any more than a white man will. To act when a native goes for treatment as if the matter were hardly worthy of serious consideration or to roughly inform him that there is nothing the matter with him while the poor wretch is suffering with syphilitic rheumatism, then give him a dose of salts or castor oil and send him away is not calculated to increase his respect for medical science or his love for the doctor. On the contrary I know from personal experience that a careful attention to their pressing wants and necessities—no people ever needed care and attention more than these—will insure prompt and careful obedience to the instruction of their medical adviser and a firm and abiding faith and earnest desire to show their regard and gratitude to the Physician who faithfully does his duty by them. But Licensure alone is not to blame for the spread of this disorder. Passing the tobacco pipe from mouth to mouth is a not uncommon cause, and I fully believe the custom of numbers eating poi out of the same dish with their fingers also come in under the same head.

Europe once saturated with this disorder has emerged to a great extent, and I believe these people are beginning to awaken from their long lethargy and now with a strong helping hand they may hope to escape and once more become what the race was in the past, a strong hearty vigorous people. By no men can this change be so heartily helped along or such earnest lessons in self help given as by capable conscientious Physicians. Show any man of common sense that his



course of conduct leads to his own destruction, and to a certain extent at least, he will be likely to listen. Show the women of a race that they are destroying not only themselves but their children and a most powerful leverage is at work.

And now in conclusion I wish to thank my efficient and faithful steward at the Leper Hospital Mr. J. H. Van Gieson my druggists at the Dispensary Mr. Niagara Kekoa and Mr. Joe Paakaula for their earnest faithful work during the quarter.

Respectfully Submitted,

GEO. L. FITCH, M. D.